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About NAMI Texas

The National Alliance on Mental Illness of Texas (NAMI Texas) is a 501(c)3 nonprofit organization founded by volunteers in 1984. NAMI Texas is affiliated with the National Alliance on Mental Illness (NAMI) and has 27 local Affiliates throughout Texas. NAMI Texas has nearly 2,000 members made up of individuals living with mental illness, family members, friends, and professionals. Its purpose is to help improve the lives of people affected by mental illness through education, support, and advocacy.

Interim Charge 1: Related to Women/Maternal/Infant Health

HB 253, which requires the Health and Human Services Commission (HHSC) to develop and implement a five-year strategic plan to address postpartum depression. Monitor the development of the strategic plan to ensure it provides strategies to improve access to postpartum depression screening, referral, treatment, and support services.

In this submission, NAMI Texas is sharing with the committee specific recommendations we have shared with HHSC regarding the HB 253 strategic plan draft report.

Mental health stigma

One of the major challenges for any individual, but especially pregnant women and new mothers, is overcoming the stigma of seeking out mental health services. Around half of parenting teens and low-income mothers experience depressive symptoms, but a third of these low-income mothers impacted by depressive symptoms do not receive any kind of treatment.¹ Stigma is one of many factors that discourage new mothers from seeking help.

The report covers this issue well and emphasizes the need to address stigma against seeking help within families. NAMI Texas encourages investment in perinatal mental health awareness programming not just within health providers offices, but as a broader public message.

Language around mental health

NAMI Texas appreciates that the language in the HB 253 draft report reflects mental health conditions beyond just postpartum depression. Many mental health conditions related to pregnancy and childbirth begin to appear during the pregnancy, and so we want to ensure we are providing opportunities for women to receive treatment as early as symptoms emerge. We also recognize that depression is not the only mental health condition associated with pregnancy and childbirth – we also see bipolar disorder, psychosis, anxiety, or post-traumatic stress disorder. The term “perinatal mood disorder” often leaves out many mental health conditions tied to perinatal mental health, whereas the term “perinatal mood and anxiety disorder” tends to capture more of these conditions. We appreciate the adoption of more inclusive language and hope to see screening tools and interventions that are able to address any perinatal mental health conditions that may emerge.

Stronger coverage opportunities

We support the recommendations of the Texas Maternal Mortality and Morbidity Review Committee, which suggest that the Legislature extend Medicaid coverage for eligible mothers from 60 days to 12 months postpartum. Many perinatal mental health conditions do not emerge until after 60 days postpartum, and many maternal deaths in Texas within a year postpartum are tied to mental health (suicide accounts for 9%) or substance use disorders (overdose accounts for 17%) occur after these women have lost Medicaid coverage.ⁱⁱ We recommend that the Legislature extend Medicaid coverage for these low-income women to one year postpartum so they can receive the care they need.

Continued telehealth benefits

Travel to medical or counseling appointments have often been a barrier to care for pregnant women and mothers. We have seen a dramatic shift to telehealth services for medical and mental health care during the COVID-19 pandemic out of necessity, but this has also offered us an opportunity to see how clients/patients respond to this emerging technology. Providers have reported significantly lower no-show rates to appointments since they have switched to telehealth services. We recommend the maintenance of telehealth benefit coverage and access to telehealth services to remove barriers to medical and mental health care.

Peer support services

HB 253 requires peer support services to be part of the strategic plan. Peer support services are delivered to a person with a serious mental illness or co-occurring mental and substance use disorders by a person in recovery who has training and certifications. These services have been proven to be effective in helping individuals in recovery understand their condition, access treatment, reduce social isolation, and strengthen social support networks,³ and have received investments from Texas in the past through a pilot program and Medicaid reimbursement.

Many of the recommendations to expand peer support services within this report look to informal peer support structures or home visits from non-peers. HHSC should explicitly invest in Certified Peer Support Specialist programming. In the last legislative session, NAMI Texas championed HB 2618, a bill to create a peer support pilot program in Federally Qualified Health Centers specifically to work with pregnant women and new mothers. We need to ensure peer support services specifically focused on mental health or substance use disorder are available to women in integrated health care facilities where they are most likely to seek healthcare treatment for themselves or their children.

References

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Interim Charge 1: Related to Behavioral Health – HB 18, HB 906, SB 11

Introduction

NAMI Texas is proud of the work of the Texas State Legislature during the last session to improve the mental health and well-being of children and youth across Texas, but more can be done to continue to improve children's mental health in Texas. A global pandemic and the resulting economic instability has caused depression and anxiety symptoms to increase across the country and has harmed the mental health and well-being of Texans living with mental health disorders. It is critical for Texas to continue its work on improving the mental health and well-being of all Texas children to meet these growing needs.

COVID-19 and Student Mental Health

Children's mental health has become a bigger issue during this pandemic. Over a quarter of parents surveyed nationwide in early June stated their mental health had worsened during the pandemic, 14% stated their child's behavior problems intensified, and about one-quarter stated they experienced a loss of regular child care as a result of the pandemicⁱ. Children are uniquely vulnerable to the stressors connected to public health emergencies, as they have lost a sense of routine and connection with peers, have fewer coping skills developed than adults, and can still feel the psychological, financial, and emotional distress experienced by their parents or caregivers.ⁱⁱ Many students are returning to the classroom this month after six months of being away from in-person schooling, while others may continue virtual learning through the next several months. For many students, this has meant reduced access to counselors and other supportive adults at their school, and fewer adults seeing the student to recognize the warning signs of a mental health issues, substance misuse, or any other concerns.

To ensure students have consistent access to mental health services, Texas should:

- Protect and increase health coverage for children and youth, including mental health coverage and access to services.
- Make the emergency regulations around telemedicine and telehealth permanent, in order to remove barriers to care.
- Ensure students and families have consistent access to broadband internet and technology needed to engage in services.
- Incorporate additional groups of mental health providers into resources provided by the Texas Child Mental Health Care Consortium.

Family Education and Engagement

Family support has been proven to be essential in mental health recovery. When families are accepted as full partners in care and have access to education and support, the outcomes are better all around.

- For clinic-based services, between 40% and 55% of 15- to 17-year olds report that family was the major influence on their help-seeking behavior.ⁱⁱⁱ

- Psychoeducation for parents, or education on mental health services, has been proven to increase parental and youth satisfaction with mental health treatment, increase attendance in treatment programming, increase adherence to treatment plan, and reduce stigmatizing and negative beliefs around mental health disorders.^{iv}

However, many families may not be involved in their child's recovery process. Families often take on the role of daily caregivers with little or no support and training, becoming easily frustrated, overwhelmed, or lack an understanding of their child's condition. Family beliefs around talking about mental health or personal problems, as well as family experiences and cultural beliefs, influence the likelihood a family will seek out help. Stigma, judgment, and guilt about the child's mental health issues may also limit parents' willingness to seek out help for their child.^v

Existing statute within Senate Bill 11 allows school district plans on mental health to include broader psychoeducation and awareness programming for families on mental health disorders and requires school local health advisory committees to develop recommendations to their school districts on how to effectively engage with families on concerns or risky behaviors around mental health, substance use disorder, or suicide, and provide them with information on resources. **However, this only allows, not requires, school districts to incorporate this family-oriented mental health programming into the district plans, and the bill does not provide funding opportunities to implement parent education on mental health.**

NAMI Texas encourages the state to invest in family-based mental health services and supports that recognize the key role parents and guardians play in the mental health and well-being of a student. Two effective strategies include partnering with family mental health education and support programs, such as NAMI programs, and improving the capacity of Certified Family Partners.

NAMI Programming

For over thirty years, NAMI's affiliates across the state of Texas have fulfilled a critical role in educating and supporting individuals, parents, and families on mental illness by using the stories of people with lived experience navigating mental health recovery for themselves or a loved one to break down stigma and myths, educate on potential symptoms, and help others navigate the recovery process. Several NAMI affiliates in Texas have partnered with school districts to offer informative mental health programming to students and families.

NAMI Ending the Silence (Includes Versions for Students, Parents, and Teachers)

NAMI's 50-minute mental health awareness program Ending the Silence teaches participants to recognize the early signs of mental illness and what to do if they or someone they know are exhibiting these signs. The program focuses on promoting a sense of hope and reducing stigma and silence around mental illness. The program is delivered in person by a two-person team, one of whom is a young adult living in recovery with a mental health condition, and includes personal stories, educational slides, videos, and discussion. An evaluation by the Rand corporation showed that this curriculum improves student knowledge of mental health conditions and attitudes towards people with mental illness.^{vi}

NAMI Basics

NAMI Basics is a 6-session education program for parents, caregivers and other family who provide care for youth (ages 22 and younger) who are experiencing mental health symptoms. In an early evaluation of NAMI Basics, parents or caregivers reported improvements of feelings of empowerment managing their family's needs, their child's services, and their own well-being, and reported reduced conflict in communication with their child.^{vii}

Both of these classes can be provided online or in-person. The NAMI affiliate presence across the state means these programs may be available to families in rural, suburban, and urban settings in Texas.

Certified Family Partners^{viii}

Certified Family Partners play a key role in child mental health support services in Texas. A Certified Family Partner (CFP) is a parent or guardian with lived experience raising a child with mental, emotional, or behavioral health challenges and who has at least one year navigating a child serving system. Family partners provide skills in the areas of informational/education support, skills development, emotional support, instrumental support, and advocacy. Family partner services have been shown to improve service retention, increase knowledge, and improve family engagement.

This effective program, however, needs more consistent funding streams to ensure families can access these peer services within and outside community mental health centers. HHSC requires family partner services be offered to at least 10% of families seen by community mental health centers, but unique funding is not appropriated for their services. As a result, families have limited and inconsistent access to these peers due to workforce shortages and funding is inconsistent. Texas must explore more stable funding streams for this workforce program, including funding to expand the program outside community mental health centers, to ensure families whose children have serious mental health needs can receive the support they need to help their child and themselves.

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